

HEDIS MEASURE OVERVIEW

Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

The Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC) measure evaluates the percentage of eligible emergency department (ED) visits with measure-compliant follow-up care for the patient.

Who is included in the FMC measure?

The eligible population for this measure includes Medicare Advantage patients 18 years old and older with multiple high-risk chronic conditions who visit an ED on or between Jan. 1 and Dec. 24 of the measurement year.

Exclusions

- Patients in hospice or using hospice services anytime during the measurement year
- Any ED visit resulting in an inpatient admission on the day of, or within seven days following, the ED visit regardless of the principal diagnosis for admission
- ED visits occurring within the same eight-day period
 - Example: An ED visit on April 1 is in scope, but subsequent visits occurring April 2–8 are not. If the same patient visits an ED on April 9, this would be a new event requiring follow-up.

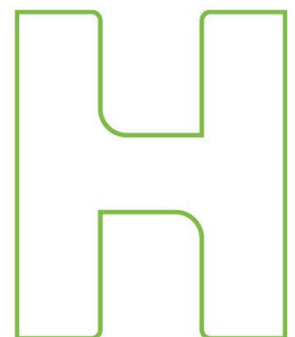
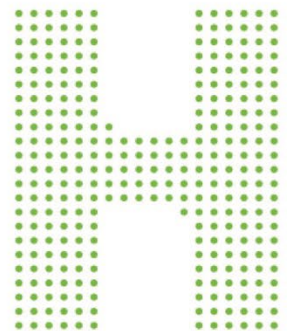
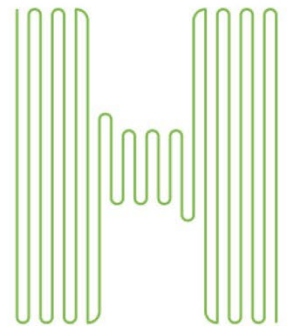
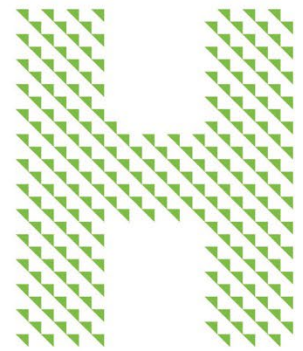
Which chronic conditions are considered for FMC?

Events are included for patients diagnosed with two or more of these conditions during the prior or current measurement year.

Each bullet indicates an eligible chronic condition (for example, chronic obstructive pulmonary disease (COPD) and asthma are considered the same chronic condition):

- | | |
|--|-------------------------------|
| • Chronic respiratory conditions, such as COPD, asthma and emphysema | • Depression |
| • Alzheimer's disease and other dementia-related disorders | • Heart failure |
| • Stroke and transient ischemic attack | • Acute myocardial infarction |
| | • Atrial fibrillation |
| | • Chronic kidney disease |

Diagnoses must be documented on two different dates of service. Visits must be for the same eligible chronic condition during the measurement year or the year prior to the measurement year, but prior to the ED visit.



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Actions needed for compliance

Patient must have a follow-up service on or within seven days of the ED visit (eight total days) via:

- An outpatient, telephone or telehealth visit, including those for behavioral health services in a clinic, at home or at a community mental health center
- An intensive outpatient encounter or partial hospitalization, including observation visits
- Transitional care management services
- A case management visit
- Complex care management services
- Monitored electroconvulsive therapy in an outpatient, ambulatory surgical, community mental health or partial hospitalization setting
- An e-visit or virtual check-in
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) stand-alone visits

Note: FMC is an event-based measure. For each ED visit, there will be a care opportunity that needs to be addressed.

Measure best practices

- Implement processes with hospitals to facilitate timely sharing of ED disposition information.
- Utilize the Humana Hospital Event Follow-Up List as part of the daily follow-up process.
- Educate and encourage patients to notify their primary care physician following an ED visit for additional guidance.
- Work with hospitals to obtain access to electronic health records.
- Obtain census information from EDs/facilities whenever possible.
- Allow scheduling flexibility to accommodate a follow-up visit or service within seven days of the ED visit.
- Claims and encounters are the first recommended method for reporting services that satisfy the measure; however, supplemental data methods are acceptable.
- The FMC measure specification does not define the provider type; therefore, any claim, encounter or supplemental data evidence of a performed service submitted with an appropriate clinical code will be considered for the measure.

FMC coding guidance

The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

CPT®: Current Procedural Terminology

HCPCS: Healthcare Common Procedure Coding System

UBREV: Uniform billing revenue code

SNOMED: Systemized Nomenclature of Medicine

Outpatient visits	
CPT/CPT II	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483
HCPCS	G0402, G0438, G0439, G0463, T1015

SNOMED	185463005, 185464004, 185465003, 281036007, 30346009, 3391000175108, 37894004, 439740005, 444971000124105, 77406008, 84251009
UBREV	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
Telephone visits	
CPT/CPT II	98966, 98967, 98968, 99441, 99442, 99443
SNOMED	185317003, 314849005, 386472008, 386473003, 401267002
Transitional care management	
CPT	99495, 99496
Case Management Services encounter	
CPT	99366
HCPCS	T1016, T1017, T2022, T2023
Complex care management services	
CPT	T1016, T1017, T2022, T2023
HCPCS	G0506
Outpatient or telehealth behavioral health visit	
CPT	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510
HCPCS	G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UBREV	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
SNOMED	185465003, 281036007, 3391000175108, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 444971000124105, 77406008, 84251009
Intensive outpatient visit or partial hospitalization—with POS code 52 (Psychiatric Facility—Partial Hospitalization) or POS code 53 (Community Mental Health Center visit)	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Intensive outpatient visit or partial hospitalization	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV	0905, 0907, 0912, 0913
SNOMED	305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000, 7133001

Electroconvulsive therapy with POS code 24 (Ambulatory Surgical Center); POS code 52 (Psychiatric Facility–Partial Hospitalization); POS code 53 (Community Mental Health Center visit)	
CPT	90870
ICD-10-PCS	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
SNOMED	1010696002, 1010697006, 10470002, 11075005, 231079005, 231080008, 23835007, 284468008, 313019002, 313020008
Telehealth visit with POS 02 (Telehealth Provided Other than in Patient’s Home) or POS 10 (Telehealth Provided in Patient’s Home)	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Substance use disorder service or substance abuse counseling and surveillance	
CPT	99408, 99409
HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
UBREV	0906, 0944, 0945
SNOMED	182969009, 20093000, 23915005, 266707007, 310653000, 370776007, 70854007, 384742004, 385989002, 386449006, 386450006, 386451005, 414054004, 414056002, 414283008, 414501008, 415662004, 424589009, 428211000124100, 445628007, 445662007, 450760003, 56876005, 61480009, 64297001, 67516001, 704182008, 707166002, 710081004, 711008001, 713106006, 713107002, 713127001, 713700008, 720174008, 720175009, 720176005, 720177001, 763104007, 763233002, 763302001, 772813001, 774090004, 774091000, 792901003, 792902005, 827094004, 865964007, 87106005

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